WITH UNFADING INK-THIS IS A PERMANENT REC

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—WRITE PLAI

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA. 6049

1. PLACE OF DEATH		
County Canall	•	Registration Dist. No.
Village or City / Length of residence in city or town when		No. St., / Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. di
2. FULL NAME	and Blance	
(a) Residence: No.	(Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 24 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from 28, 1926
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at J.G., m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	a Clising	Name of operation Date of What test confirmed diegnosis? Wes there an eu/opsy?
15. MAIOEN NAME Maddle 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	e Dors Kang wer Langeand Volcasing	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL CREMATION, OR REMODAL Place Dans Dans 19. UNDERTAKER PASSELLE	Date June 39, 1930	Menner of injury
20. FILEO Jennel 3 J, 1936 M	so the S. Delle Registrar.	(Signed) (Address) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 11 5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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5	4	ate	ope
4	SI S	st	pr
THE NEW TENNESSEE AND THE PROPERTY OF THE PROP	-WRITE PLAIRT, WITH UNFADING INK-THIS IS A PERM	mation should be carefully supplied. AGE should be stated EX	CAUSE OF DEATH in plain terms, so that it may be properly cl.
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4	No	ddn	ter
4	H	S	ain
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N. B.—WRITE PL/

V. S. No. 1

Exact statement of OCCUPA.

assified.

See instructions on back of certificate.

TION is very important.

	CERTIFICATE OF DEATH 6050
1. PLACE OF DEATH	
1. PLACE OF DEATH County Cappoll	Registration Dist. No. 16
Village or City Westminster	NDSt.,Ward
(If Length of residence in city or town where death occurred4/Q_yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
20.0.0	
	X
(a) Residence: No. 1/2 Jenn. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word) Manuel	21. DATE OF DEATH 17 (North) (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of arthur Bowers	22. HEREBY CERTIFY Thet I attended decessed from
	1836 to 1936 7, 1936
6. DATE OF BIRTH (month, day, and yeer) March 18 - 1873 7. AGE Years Months Deys If LESS than	to here occurred on the dete stated above, et 3.45.77
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8 Trade profession or particular	were es follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month end	Chronic mus cardit: 1033
9. Industry or business in which work was done, as SILK MILL,	Chronic Setrestities
SAW MILL, BANK, etc	nephrata 1934
O ID. Date deceesed last worked at this occupation (month end year)	Ceretial Hemorkie gome
.0 11 0	Dther Contributory Causes of importence:
12. BIRTHPLACE (city or town) Country Co.	acul Cardiae bonn
	Rollida 14.36
Ĭ CONTRACTOR OF THE PROPERTY O	Name of a seal firm
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Dete of What test confirmed diagrosis? What test confirmed diagrosis?
15. MAIDEN NAME Ellen Buranone	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Clen Burgoon 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury 19
State or country)	Where did injury occur?
17. INFORMANT withur Bowers,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1/2 Penn. Cox Westminstern	4
18. BURIAL, CREMATION, DR REMOVAL Place MidWE CEM: Date MINE 22, 1936	Manner of injury
7/10 4 18/9	Neture of injury
19. UNDERTAKER A SAMIRANTA TOOM (Address) Wiles toming too mid	24. Was disease or injury in any wey releted to occupetion of deceased?
(Address) W fest Imminiter ma.	(Signed) Clas R Foury M. D.
20. FILED C/ 2019 D TA COSTO	(Address) On 15 Alexandry M. D.
Augustus	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis III ECEIVET	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage UL 6 1936	July 5, 1927	Peritonitis	3 days ago
WREAU V S	· · · · · · · · · · · · · · · · · · ·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

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()	11	5	1
0	0	U	-3.

1. PLACE OF DEATH		(23)	,
County Carroll		Registration Dist. No.	define
Village or City De Reaucle	O Of	Not free feel State North Notate Hours death occurred in a horpital by right totion, give its NAME instead of street and r	Mard number)
Length of residence in city of town where death occurred	yrs. 5 mos.		osds.
2. FULL NAME Case De	auck	If U. S. Veteran, specify WAR	
(a) Residence: No	with abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (Constitution of the second of the	write the word)	21. DATE OF DEATH (Month) (Day)	, 193(Year)
51/1f married, widowed, or divorced HUSBANO of (or) WIFE of Calert Q. Exa	uer.	22. I HEREBY CERTIFY, That I attended to	deceased from
6. DATE OF BIRTH (month, day, and year) War 24	1901	04 (11- 21	: death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated ebove, et	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	ife.	Tuker culaser of the Lings	Data of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and	0		
1D. Date deceased last worked at this occupation (month and year) 11. Total time spent i occupation (month and this occupation (month and year)	n this		
12. BIRTHPLACE (city or town) Laco Gace		Other Contributory Causes of Importance	1025
(State or country) Wary and		Varian (Ludersulais)	1730
2 13. NAME Mulsudian		Ebel Se	
13. NAME Alubandur 14. BIRTHPLACE (city or town) Mulana.	en	Name of operation	
(State of country)		What test confirmed diagnosis? Was there an a	utopsy? Lug
15. MAIDEN NAME Mukaour		23. If death was due to external causes (VIDLENCE) fill in elso the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country)	vu	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) Mulaura	J-Ga-	Where did injury occur?	
17. INFORMANT Respectat Records The	carda.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	ICE.
18. BURIAL, OREMATION, DR REMOVALE OPENIAL DE LE COMPANIA DE LE C	17,19.36	Manner of injury	
19. UNDERTAKER William Coon (Address) Saltimore W	Kd-	24. Was disease or injury in eny way related to occupation of deceased?	
20, FILED Jule 15 19 36 a Havey	Nue	(Signed) Maud Uly Res	M. 0.
	Registrar.	(Address) Sy/Revoille, Ma	/

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 26	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

MARGIN RESERVED FOR BINDING

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important. N. B.-

STATE OF MARYLAND—CERTIFICATE OF DEAT

1. PLACE OF DEATH	(108)
County Carroll.	Registration Dist. No.
Village or City Springfield State Hospits	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edward allen Brown	rung If U. S. Veteran, specify WAR
(a) Residence: No. Oukland Marylans (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HUKKNOWN:	22. October 16, 1935, to June 3, 1936.
6. DATE OF BIRTH (month, day, and year) april 25, 1854.	I last saw h um alive on June 13 , 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7.30° p.m.
02. 1. 7. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, School teacher SAWYER, BOOKKEEPER, etc.	Ucute Lobar Pneumonia 6-2-36.
9. Industry or business in which work was done, as SILK MILL, and Larrner. SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1933, yaar)	
12. BIRTHPLACE (city or town) allegany county,	Other Contributory Causes of importance:
(State or country) / Maryland	General arteriosclerosis
13. NAME / Cliam Browning.	prior To 10-16-35,
14. BIRTHPLACE (city or town) Maryland.	Nama of operation Data of What test confirmed diagnosis Clinical Sympowas there an autopsy? No.
15. MAIDEN NAME Sarah A. DE Witt,	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oata of Injury19
(State or country) Maryland,	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Springfield State Hosp, Records, (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BUBIAL, CREMATION, OR REMOVAL Oate James 6, 19 56	Manner of injury
19. UNDERTAKER HELL Sow Jule. (Address) Syscewille md.	24. Was disease or injury In any way related to occupation of deceased? 20,
20. FILED June 3, 1936 CHarry H ser Registrar.	(Signed) Harry F. Baer, M.O. (Address) Syptesville, Md,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis L C E 1	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUL 3 1936	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

	STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	6053
County Landy	Registration Dist. No. 77
Village or City Haufritend W	No. St. Ward
Length of residence in city or town where death occurredyrs 3mos	f death occurred in a hospital or institution, give its NAME instead of street and number)
1 0 . 0 n	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MULLE (3), 13m	41
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wite the word)	21. DATE OF DEATH June 5
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of John & Joung	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 20 -1861	I last saw h la alive on June 1 1936 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 Pm.
75 4 15- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the company of the property of the company of the comp	Carenona y Stomach Data of onest
9. Industry or business in which work was done, as SILK MILL,	*
SAW MILL, BANK, etc	
O this occupation (month and spent in this year) spent in this occupation	
<i>-</i>	Other Cantributery Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	- Commonwell
13. NAME William Ataniey	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Mus Cleare Cultisons (Address) Augustale and Medical	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR KENOVAL	Manner of injury
Place At Puels Date June 7, 1936	Nature of injury
19. UNDERTAKER Solu & Tipton	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hemitalead Mid	If so, specify
20. FILED June 6 1936 John S. Hughas, In	(Signed) W Repenner M. D.
Registrati	(Address) reaccleste md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 3 1930	July 5,1927	Peritonitis	3 days ago
DUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

Exact statement of OCCUPA-

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6054
1. PLACE OF DEATH	0004
County Carrall,	Registration Dist. No.
Village or City Springfield State Hospital	
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town where death occurred 6 yrs 6 mos.	
2. FULL NAME Charles F. Cline.	If U. S. Veteran, specify WAR
(a) Residence: No. Oakland, Md.	St Ward. //X
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB OR RACE OR DIVORCED (Zwrite tha word)	21. DATE OF DEATH Lune 6. 193 6
agraciació.	(Month) (Day) (Year)
5a. If married, wildowad, or divorced HUSBAND of (or) WIFE of Mand Longnecker.	22. HEREBY CERTIFY, That I attended deceased from 15, 1936, to June 6 1936.
6. DATE OF BIRTH (month, day, and year) Unknown. 1882	I last saw heim alive on June 6, 1936 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date sated above, at 9 45 p.m.
57, ? ? 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
2 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Laboner, SAWYER, BOOKKEEPER, etc	General Paralysis of The
9. Industry or business in which work was dona, as SILK MILL, Coal yard.	Insane. 1 polor to 11-18-29
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation wear)	
, out year of the same of the	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Mary Land (
13. NAME Samuel Cline.	
Y 14. BIRTHPLACE (city or town) - Maryland, (Stata or country)	Name of operation
15. MAIDEN NAME Laura avery,	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Vaura Wery,	Accidant, suicide, or homicide? Date of injury, 19
(State or country) Maryland,	Where did injury occur?
17. INFORMANT Springfield Hispital Records. (Addrass) Systesville Md.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
LEURIS SURVEY DE DATE June 9, 1936	Manner of injury
19. UNDERTAKER HER TON Den.	24. Was disaase or injury in any way related to occupation of dacaased? 20.
(Addrass) systemalle my.	If so, spacify
V a a l D & a M	Marry J. Baler.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Addrass)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

mation should be carefully supplied.

N. B.—WRITE PLAINLY

certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

STATE O	F MARYLAND-	-CERTIFICATE	OF	DEATH
		and the same of th		

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9)
County Carcall	Registration Dist. No. 74
Village or City Ry Republica	No. Species feels State San Aufal
Length of residence in city or town where death occurred	If death occurred in a hospital or instruction, give its NAME instead of street and number) s
2 FILL NAPAE 40 1 - 1011 Pro-	
(a) Projection No.	St. Ward. St. Ward. M.
(a) Residence: No. (Usualplace of abode)	St., Ward. Sy Resculle M. S. If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREN CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Cleebeccoco 375	Tilast saw h. Let. alive on Letter 2 , 19.36 ; death is said
7, AGE Years Months Days If LESS than 1 day,hrs.	mara as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Date of onset Determinent 1934
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chrone Juler Stellad 1936
10. Date deceased last worked at this occupation (month and year) this occupation	The state of the s
12. BIRTHPLACE (city or town) Lukewood (State or country)	Other Coutributory Causes of importance:
13. NAME William Character	villementy surfaces 6-2/.
14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation
15, MAIDEN NAME THAT IN TOROGEN	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Musker (State or country) Many Weeker (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Haapital Persia	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CRÉMATION, OR REMOVAL LEURISSE DATE PRIME 19. 19.36	Manner of Injury
19. UNDERTAKER HELD Son June. (Address) Supremille med.	24. Was disease or injury in any way related to occupation of deceased?
of all ofference Street	(Signed) The sea of the Color of the

(Address)

Registrar.

Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 3 1936	July 5 1927	Peritonitis	3 days ago
BUREAU V.	s.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ate		CERTIFICATE OF DEATH 605
ould st occur	1. PLACE OF DEATH County Carrill	Registration Dist. No. 70
should of OCC	Village or City Janey Cown	NoSt., Ward
70	n //	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
YSICIANS	2. FULL NAME John W. Ockard	χ
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowell	21. DATE OF DEATH (Month) (Day) (Year)
X A C T I	5a. If married, widowed (or) discounted HUSBAND of (or) WHFE OT Dusaw alice Eckare	1 HEREBY CERTIFY That I attended deceased from
	6. DATE OF BIRTH (month, day, and year Det 22, 1856	Mast saw h. in alive on June 616 1936; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5 75 Page 1
stated properlines	79 7 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(10 1 1)
4	9 Industry or business in which	Cutte Courte
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	Filitation 2tu
3 ED + 0	10. Date deceased last worked at this occupation (month and year)	
in Fabring 1 pplied. AGE erms, so that instructions of	(AAA)	Other Contributory Anses of importance: O and
l. so uct	12. BIRTHPLACE (city or town) (State or country)	De ander revel disease 10
olie rms nstr	# 13. NAME Dullew J. Cell and	Orliver 87
	14. BIRTHPLACE (city or town)	Name of operation 2 2 Date of
ly sullain t	(State or country)	What test confirmed diagnosis? Chicae Was there an autopsy?
full n p nt.	15. MAIDEN NAME Mallda Kwatson	23. If death was due to external causes (VIOLENCE) fill in also the following:
careful TH in portant	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
be of EAT impo	(State or country)	Where did injury occur? (Specify city or town, county and State)
A D G A	17. INFORMANT Clarifical Language (Address) Janes (Attino Miles)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
ion SE N	Place attalling American Date 1976, 1936.	Nature of injury
mation CAUSI	19. UNDERTAKER OF HISPTSON	24. Was disease or injury In any way related to occupation of deceased?
	(Address) Danigtown My.	If so, specify
()	20. FILED JULIE 18 , 1906 Many 18. Wilt	(Signed) Moderate Adulta M.
	If more blanks are needed address State Registrar.	(Address) December 1 Charles Street Belginger Properties 91 Charles Street Belginger 91 Charles Street 91 Charles 91

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUL 3 120			
Other contributory causes of importance: S. Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

2. FULL NAME Mary Ellen Franklin (a) Residence: No. Washington Ave.	Registration Dist. No. No. Washington Ave a St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number) ss. ds. How long in U.S. if of foreign birth? yrs. mos. St., Ward. If nonresident give city or town and State
Village or City Westminster Langth of residence in city or town where death occurred 17 yrs	sds. How long in U.S. if of forelgn birth?yrsmos St., Ward.
2. FULL NAME Mary Ellen Franklin (a) Residence: No. Washington Ave.	St., Ward.
(a) Residence: No. Washington Ave.	
(a) Residence: No. Washington Ave.	
(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH June 17 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of David Franklin	22. I HEREBY CERTIFY. That I attended deceased fr Qau, 15° ,1934, to 9.44, 17° ,1939
	Vlast saw has aliva on Same 17, 19 36; death is s
DATE OF BIRTH (month, day, and year) Sept. 21, 1849 AGE Years Months Days If LESS than	to have occurred on the date stated above, at
86 8 27 1 day,hr:	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8 Trade profession or particular	chronic Interetitual replants
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. at home Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this eccuration (month and	574
10. Data deceased last worked at this occupation (month and spant in this occupation coupation	
2. BIRTHPLACE (city or town) (State or country) Maryland	Other Contributory Canaes of importanca:
	- his
13. NAME Jacob Nusbaum 14. BIRTHPLACE (city or town) (State or country) Maryland	Nama of operation Date of What test confirmed diagnosis? Clinically Was there an autopsy?
15. MAIDEN NAME Not, Known	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Not Known 16. BIRTHPLACE (city or town) (Stata or country) Maryland	Accident, suicide, or homicide?
7. INFORMANT Mrs. Harry D. Ditman (Address) Westminster, Md.	(Specify city or town, county and State) Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Sams Creek Cem Date June 19,19 3	Manner of injury
9. UNDERTAKER J. Francis Reese (Address) Westminster, Md.	24. Was disease or injury in any way related to occupation of deceased?
0. FILED 19 19 FILLUS CON Registrar.	(Address) (New York)

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 6 1936	July 5,1927	Peritonitis	3 days ago
UREAU V. S.			
Other contributory causes of importance:	. F	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

of infor-

V. S. No. 1

6055

	STATE	OF	MARYLAND	-CERTIF	ICATE	OF	DEA	TH
LACE OF D	EATH				83			
- 0	77				(3)			

1.	PLACE O	F DEATH	1			(83)			. ,
10.0	County	Carrol	11		~~~~~~~~~		Registration	Dist. No.	74
				e, Mary	land.	No. Springfield death occurred in a hospital or institution 20s. How long in U.S. If of fo	State	HOSP St.,	Ward d number)
1					yrs,h_mos	now long in 0.5.11 of 10	neign birthr	yrs.	.mosds.
2.	FULL NA	MECa						1/1	
) · · · · ;	(a) Residen	ce: No	McHer	ry, Mar	ryland.	St., Ward.	16 nonwiden	give city or town a	. J C
	PERSON	AL AND		ICAL PAR		MEDICAL CER			nd State
3. SE		4. COLOR C			RRIED, WIDOWED,	21. DATE OF DEATH			
Till S	Male	Whi		or Divord	ED (write the word)	T	(Month)	(Day)	, 193_6 (Year)
5a. I	f merried, widow HUSBAND of	ed, or divorced	đ			22. I HEREBY		N. That I was	
	(or) WIFE of			Unknow	wn	April 27 19			ad deceased from
6 D	ATE OF BIRTH	(month day or	ad year)		1000	l lest saw h_im_alive on_J			6 · death Is said
7. AC			Months	Days	If LESS than	to have occurred on the date stated a			,
	72	9	Unkr	iarn	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH			
19	& Trade, profe				ormin.	were as follows:			Date of enset
OCCUPATION	kind of v	work done, es : BOOKKEEPER	SPINNER,	Labore:	r				
AT	9. Industry or work wa SAW MII					General Para	lysis		
D C						of the Insan	е		1920
8	O. Date deceas this occu	pation (month	f at end	11. Tote	l time (years) pent in this				
	year)	-Febru	31.AT	156 0	caupetion	Other Contributory Causes of importa	nce:		
12. E	BIRTHPLACE (ci	ty or town)	Unkno						
-	(State or cou	ntry)	Mary						
FATHER	13. NAME		Unkno						
AT	14. BIRTHPLACE	(city or town)	Unkno			Name of operation		Date of	
	(State or	country)	Unkno			What test confirmed diagnosis?		Wes there a	n autopsy?-ALO-
MOTHER	15. MAIDEN NA	ME	Unkno			23. If death was due to external causes	s (VIOLENCE) fi	Il in also the follow	ing:
10	16. BIRTHPLACE	(city or town)	Unkno	own		Accident, suicide, or homicide?		Date of injury	, 19
Σ	(State or	country)	Unkno	own		Where did injury occur?	/C 1 :	100	
17. 1	NFORMANT	Hosp		Records	18.3	Specify whether injury occurred in 18	NDUSTRY, in HO	town, county and S OME, or in PUBLIC	PLACE.
18. E	Apple O	TION, OR REM	OVAL	Date Ja	, Ma.	Manner of injury			
19. U	INDERTAKER (Address)	It M	das	ege	md.	24. Was disease or injury In eny way If so, specify	related to occup	pation of deceased?_	
20. F	ILED JULI	w/8,19.	36 P	Harry	Registrar.	(Signed) Mulyan	Pline	you	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	IRECFIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 1009	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	auses of importance:	- angel	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

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Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	63 6059
County Carrall	Registration Dist. No. 2 4
Village or City delesville	No kruis Xuld State News to I. Ward
/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where daath occurred	2
2. FULL NAME welle Vsugeres	If U. S. Veteran, specify WAR.
(a) Residence: No. 1803 My Ron (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of William T. Tungrends	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 9 - 28 - 1891	l last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, atm.
- 44 8 1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Leuceal Ocalysia of 7-1983
8. Irada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	the durance
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end spent in this	
year) occupation	Other Contributory Canses of importanca:
12. BIRTHPLACE (city or town) Sallucall (State or country) Wakes Cased	
E PIT.	Name of according
14. BIRTHPLACE (city or town) Waltheam (State or country) Ulacy Cared	What test confirmed diagnosis? I was there an autopsy? We .
15. MAIDEN NAME Catherine Ludell	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Catherine Leadell 16. BIRTHPLACE (city or town) Dallers as	Accident, suicide, or homicide? Date of Injury, 19
S (State or country) Manyland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hasfital Celarda (Address)	Specify whether injury occurred in INOUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOYAL	Manner of injury
Placed rued Midge Date June 4 , 1936	Nature of injury
19. UNDERTAKER Martin Takey co Jans	24. Was disaase or injury in any way related to occupation of dacaased?
(Address) 1827 Th. Manth aus.	If so, spacify
20. FILED June 2, 1936 QHarry Meer	(Signed) March Celo M. O.
Registrar.	(Address) Defflexielle

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.	\$.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ___ds. How long in U.S. if of foreign birth?_ Length of residence in city or town where death occurred. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Days If LESS than to have occurred on the date stated above, at 5 Months I day,hrs. 22 or min. Date of onset 8. Trada, profession, or particular kind of work dona, as SPINNER. OCCUPATIO SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at II. Total time (years) this occupation (month and spent in this occupation Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? OTHER 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (Stata or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR 24. Was disease or injury in any way ralated to occupation of deceased? 19. UNDERTAKER (Address) If so, spegify

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 300C	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
See See See A. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE O	F MARYI	AND-CE	RTIFICATE	OF	EATH
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1 . . . 12 2

1 PLACE OF PEACE	CERTIFICATE OF BEATH
1. PLACE OF DEATH	122-0
County Carroll	Registration Dist. No.
Village or City Sylesis Ole, Ma-	No. Ward Geath occurred in a hospital dinstitution, give its NAME instead of street and number)
	sdds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 1314 N. Charles Street (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced Pourd Gronous (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from September 1, 19.35, to June 2, 19.36
6. DATE OF BIRTH (month, day, and year) Ward 25-1892	I last saw here alive on June 2 ,19 36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at A . H. A. m.
44 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Date of onset
SAWYER, BDOKKEEPER, etc. 9 Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the property of the p	Myocardial Degeneration year
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) spant in this occupation	Dialetes Mellitus 1935
to DIDTURE OF CHARLES AND VALUE OF THE PROPERTY OF THE PROPERT	Other Coutributory Causes of importance:
(Stata or country)	Operation for Herrica 6-2:36
# 13. NAME Isaac Goldberg	U. J.S
13. NAME Isaac Goldberg 14. BIRTHPLACE (city or town) Lewis Lawrence (State or country)	Name of operation Herman Pasty Date of 6:2-36
	What test confirmed diagnosis A Confirmed Was there an autopsy? 1) & -
[16. BIRTHPLACE (city or town) Levelscherch	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT About Records (Address) Surfequille, MA-	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18/BURIAL, CREMATION, OR REMOVA	Manner of injury
reliberation 60 Consul Date 6/3/36,19	Nature of injury
19. UNDERTAKER LEAST DOUGLE TO THE CANADA CONTROL OF THE CONTROL O	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 2, 1936 a Harry Weir Registrar.	(Signed) M. Virginia Reyer M.D. (Address) Sykesille, M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy The principal cause of death and related causes of importance were as follows: 1 week ag
Run over by street car 1 week ag
Peritonitis 3 days ago
Other contributory causes of importance: Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(120)
County Carroll	Registration Dist. No.
Village or City Sykesville	No. Springfield State Hospital St., Ward death occurred in phospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	20 ds. How long in U.S. if of foreign birth?yrs,mosds,
2. FULL NAME Olive E. Hamilton	If U. S. Veteran, specify WAR
(a) Residence: No. R. F.D. # 2 (Usual place of abode)	St., Ward. Olltown Ollegan of Md. If nonresident give city or topy and state
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Come 7 (Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from July 1933, 10 Une 7, 1936
6. DATE OF BIRTH (month, day, and year) Vune 20, 1897	I last saw ner alive on Usare 6 , 1936; death Is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 4.5 A.m.
30 // /6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	D: 1 + + + (+)
S. Hade, profession, of participants, profession,	Diarriada ena lutisma (1120) 5/23/36
10. Date deceased last worked at this occupation (month and year) cocupation	
12. BIRTHPLACE (city or town) Oldtown (State or country) allegamy or md.	Other Contributory Causes of importance:
13. NAME Francis Hamilton	Δ
13. NAME Trancis Hamilton 14. BIRTHPLACE (city or town) (State or country) Olleganno, Md.	Name of operation Date of What test confirmed diagnosis? Chical Date of Was there an autopsy?
15. MAIDEN NAME Lucy Middleton	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
17. INFORMANT Hospital records	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18-BURIAL, CREMATION, OR REMOVAL	
CHARLES Med Date June 11, 1936	Manner of injury
19. UNDERTAKER Here & Sou July (Address) Legiscoville nig.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED June 11, 1836 Chang Henry Registrar.	(Signed) M. D. (Address) Saxingfield State Hospital
If more blanks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 2	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUL 3 1800	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Language contribution confidences procured and account of the confidence of the conf				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How tong In U.S. if of foreign birth?_____yrs.____mos.. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) CERTIFY, That I attended deceased from Months Deys If LESS than to have occurred on the date stated above at 10 1 day,____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Oata of onset

Length of residence in city or town where death occurred. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or perticular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupetion (month end spent in this occupation _. 12. BIRTHPLACE (city or town) (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) Name of operation ___ (State or country) What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?_____ Date of injury____ (Stete or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL CREMATION, OR TURBOVA Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Address) Registry

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	to contact	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis F. C.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

N. B.—WRITE PLAINET, WITH UNFADING INK—THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY.		ĸ	
N. B.—WRITE PLAINET, WITH UNFADING INK.—THIS IS A I mation should be carefully supplied. AGE should be stated	DITTTITT	PERMANENT	EXACTLY
N. B.—WRITE PLAINEY, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be	ATO T	IS A I	stated
N. B.—WRITE PLAINEY, WITH mation should be carefully s	TENEDELL TENEDALLE	UNFADING INK-THIS	supplied. AGE should be
	3	V. BWRITE PLAINEY, WITH	mation should be carefully s

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

A STATE OF THE PARTY OF THE PAR				
STATE OF I	MARYLAND-	CERTIFICATE OF DEATH		
		osis Sanatorium		
County Carroll	Colored E	Branch (23) Registration Dist. No. 74		
Village or City Henryton, Md	•	No. St. Ward		
Length of residence in city or town where death occ	n n (If	death occurred in a hospital or institution, give its NAME instead of street and number) Ods. How long in U.S. if of foreign birth? XXXX rs. mos. ds.		
2. FULL NAME Reba May Ha	rris	If U. S. Veteran, specify WAR None		
(a) Residence: No. Hartley, D	elaware (p.o.)	Res. in Md. Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Formala Calamad OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word) ingle	21. DATE OF DEATH June 30, 1936 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from May 24, 1935 is to June 30, 1936,		
6. DATE OF BIRTH (month, day, and year) March	6. 1922	last saw her alive on June 30, 1936, 19 ; death is said		
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at 6.30 m.P.M.		
14 3 2	1 day hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particular kind of work dona, as SPINNER, SC SAWYER, BOOKKEEPER, etc.	holar	Pulmonary Tuberculosis May 1935		
9. Industry or business in which work was dona, as SILK MILL, SAW MILL RANK etc.				
10. Oate daceased last worked at this occupation (month and yaar) - Unknown	11. Total tima (years) spent in this Un kerpown			
12. BIRTHPLACE (city or town) Hartley, (State or country) Delaware		Other Contributory Causes of Importance:		
13. NAME John Harris				
HE 13. NAME John Harris 14. BIRTHPLACE (city or town) Unknown (State or country) Unknown	1	Name of operation Date of Was there an autopsy? NO		
# 15. MAIDEN NAME Lydia Fount	ain	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Lydia Fount 16. BIRTHPLACE (city or town) Unknown (State or country) Mary)	land.	Accident, suicide, or homicide?		
17. INFORMANT John E. O'Neill (Address) Henryton, Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18 BURIAL, CREMATION-OR REMOVAL ALL ONLY	July 3 1906	Manner of injury		
19. UNDERTAKER (Address)	y Ine	24. Was disease or injury in any way related to occupation of deceased? NO		
20. FILED 6/30/36, 19 Mar C	Mille Registrar	(Signad) Henryton, Md.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JUL 3 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	- T T T L	
Gallstones	May 1,1923	Gastroenteritis	1 year	
		2		
		,		

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA-

N. B.-WRITE PLAN

	RYLAND-	CERTIFICATE OF DEATH 606.5
1. PLACE OF DEATH		1250 149-8
County Carroll p		Registration Dist, No.
Village or City / Cresscheave	lle	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred		
2. FULL NAME Violet - M.	ess Pa	these Marris
(a) Residence: No.	1	St., Ward.
	place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH
Franke Whele Me	MARRIED, WIDOWED, DRCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thoward Ha	rio	22. I HEREBY CERTIFY, That I ettended daceased from
6. DATE OF BIRTH (month, day, end yea	1912	last saw h. Est. allve on January 28 1936; death is said
7. AGE Years Months Days		to have occurred on the date stated above, at 8. Pm.
23 8 23	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		Carely of Ellow alrofly
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	serry -	I dispos, buling
work was done, es SILK MILL,		0
10. Date deceased last worked at this occupation (month and /23-/33 b)	otal time (years) spent in this occupation 644	
12. BIRTHPLACE (city or town) Elle Liek		Other Contributory Canses of importance:
(State of country) Panay	varua	M. Il estis conefoliable history
13. NAME Joseph Patotee	sow	Ho Childbirth
14. BJRTAPLACE (city or town)	· · ·	Name of operation Date of
(State or country)		What test confirmed diagnosis? Was thera en autopsy?
15. MAIOEN NAME Luksupur.	w.	23. If death wes dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	ww	Accident, suicide, or homicide? Date of injury
(State or country)		Whera did injury occur?
17. INFORMANT Agreement Ha	mid.	(Specify city or town, county and State) Specify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 1 51	Manner of injury
Place Welley Elin. Date	uly 1,1936	Nature of injury
19. UNDERTAKER Edia Tille	to the	24. Was disease or injury In any way related to occupation of deceased?
(Address) Durupagles	di ruga	If so, specify
20. FILEO June 791936 John S	tughes of	(Signed) Carried M. D. (Address) M. D.

It more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	- 1921	Run over by street car	1 week ago
Cerebral hemorrhage	Futy 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

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	CERTIFICATE OF DEATH 6066
1. PLACE OF DEATH County Carroll	(19)
MAI	Registration Dist. No.
Village of City Westminster	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 65_yrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Margaret Hayes	
(a) Residence: No. County Home	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE White Single, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH June 11 ,193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22 I MEREBY CERTIFY, That I ettended deceased from 1984 to 6-1/1 1984
6. DATE OF BIRTH (month, day, and year) March 11, 1871	I last saw hard alive hard 10 1986 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
65 3 no 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Kunza Mulual en fur Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home	getystigny + Chrofile
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Interstitial nephulis mikes
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home	
12. BIRTHPLACE (city or town) Ireland	Other Contributory Causes of importance: erre track home home or transplant of the second of the se
置 13. NAME Michael Hayes	
13. NAME Michael Hayes 14. BIRTHPLACE (city or town) (State or country) Treland	Name of operation Date of Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Not known 16. BIRTHPLACE (city or town) (State or country) Not known	Accident, suicide, or homicide?
17. INFORMANT Benjamin Darr (Address) Westminster, Md.	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Westminster Date June 13, 19 36	Manner of injury
19. UNDERTAKER J. Francis Reese	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 0/12, 1936 Files Prints	(Signed) M. D. (Address) Reference 21
Registrar/	(Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Cerebral hemorrhage	Time I make to	July 5,1927	Peritonitis	3 days ago
	JUL 6 1996			
Other contributory causes of importance: V. S.			Other contributory causes of importance:	
Gallstones	Control of the contro	May 1,1923	Gastroenteritis	1 year

7. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

certificate.

H	AD	òd.
MARGIL	UNF	pplie
Z	H	Su
	N. BWRITE PLAINET, WITH UNFAD	mation should be carefully supplied.
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	Ž	be
	PLA	pluc
1	E E	sh
	RIT	tion
5. 1	A	ma
V. S. No. 1	B.	(-
5	Z	1

CAUSE OF DEATH in plain terms, so that it may be

TION is very important. See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	13	0	6.00	
U	U	U	8	

1. PLACE OF) DEATH	· 90
County Carroll	Registration Dist. No. 75
Village or City Manchester	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
TO: 1 + 11-01	do not foliate the second of total and the second of the s
2. FULL NAME ZELZAVELLE (1 eg	rieu
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH (
Temale White GR DIVORCED (write the word)	(Month) (Oay) (Yaar)
5a. If married, widowed, or divorced	
(or) WIFE of Vetu Holfrich Wicase	22. HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Was 13 18 47	l last saw h en alive on Quana 25 1936; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 400 m.
89 7 1/ Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	arterioseteros ?
9 Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
year) occupation occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	
(State or country)	Hyperension
14. BIRTHPLACE (city or town)	
14, BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was thera an autopsy?
15. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
(State or country) Mikingway	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Learge Belfrich	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Manchester And Oats July / 1936	Manner of injury
11 111-160	Rature of injury
19. UNOERTAKER & OCCOD Wanks Sons	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Manchester Mg	If so, specify (Signed) W-88. Denner M.O.
20. FILEO June 30 , 1936 Mis. 94. R-S. Demir	(Address) Manchesty Md
Acquirer.	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
	22292,1000		1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

N. B.-WRITE PLAIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6068
1. PLACE OF DEATH	(25)
County Coursell	Registration Dist. No.
Village or City Lane Lee Med.	No. St., Ward
10 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 1.7 yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Latter	T.
(a) Residence: No. Aunte M.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED.	21. DATE OF DEATH
OR DIVORCED (writethe word)	Jane 19 1036
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of Frank S. Herkert.	22. I HEREBY CERTIFY. That I attended deceased from
(1)	· Jan. ?" ,134, to June 194, 1936
6. DATE OF BIRTH (month, day, end year) Ole 24, 1914	16st saw hand alive on 1936; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
21 J 21 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	carditis also
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Jadustry or business in which	Endocurelitis + Pericerelitis Fils
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Jadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	-donococcie endocarditias Came on during 1763
10. Date_deceased last worked at 11. Total time (years)	an acute gonococcie wethritis and salpid 36
this occupation (month and year) spent in this	gais, acute in chnonica Duration: sy months.
12. BIRTHPLACE (city or town) Cassoll Co:	Other Contributory Causes of importances
(State or country)	(Meisar) and salkingitis velle.
13. NAME (Pay a Busler.	(73)
13. NAME (Pay a Susler. 14. BIRTHPLACE (city or town) Lournall Co.	Name of operation Oate of
(State or country) mcl.	What test confirmed diagnosis? Clinical Was there an autopsy? No
15. MAIOEN NAME Cecles Atom Sons	If death was due to external gauses (VIOLENCE) fill in also the following:
15. MAIOEN NAME (elelen Sove	Accident, suicide, or homicide? Date of injury, 19
X (State or country) Mul	Where did injury occur?
17. INFORMANT Mus, Ce Cilqui Joepen.	Specify whether injury occurred in NOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) P.10#/ Sylanville mil.	
18. BURIAL, CREMATION, OF REMOVAL Place X. Johns em Ly Datatine, 23, 1036	Manner of injury
Place S. John Com by Date fine 22, 1856	Nature of injury
19. UNDERTAKER 6.M. Waltz	24. Was disease or injury in any way related to occupation of deceased?
(Address) Winfield Md.	If sortspecify
80. FILED 6/227936 HECEVED	(Signed) C. J. Billingella M. O.
Registrar.	(Address) Western Dog and.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago
and the second s	-3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

S. No. 1

	Registration Dist. No. 7 4
a	(No Sykesville, Md. s. Mard
(lf nos.	16
	If U. S. Veteran, specify WAR
٤.	St., Ward, 2/X
	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH UNE 13, 193 6. (Month) (Day) (Year)
	22. april 15 1936, to June 13, 1936.
,	I last saw hum alive on June 013, 1936; death is said
rs.	to have occurred on the date tated above, at 3. 2. P.m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows: Date of onest
	Cerebral arteriosclerosis,
	prior to 8-28-33.
21	
1	Other Contributory Causes of importance:
	Name of operation
_	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?Date of injury19
l.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	Manner of injury
6	Neture of injury
	24. Was disease or injury in any wey related to occupation of deceased? 20,
_	If so, specify The Third T
	(Signed) Harry F. Baer, M.D. (Address) Sylvesville, Md,

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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	Example I		Example II	
The principal cause of of importance were as	death and related car follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	111 9 19	36 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ttis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	. S. July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Currell	Registration Dist. No.
Village or City Catupeco	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME INCOME TOLLE	Few leaves
(a) Residence: No. Caturases and	St. Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (garite the word) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (garite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 26" /436	I last saw harmalive on June 26th 1936; death is said
7. AGE Years Months Days If LESS than 1 day, 4 hrs.	mere as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKETPER etc.	(Premature) 6 2 ms. Date of onset
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Catepace, Jud. (State or country)	Other Contributory Causes of importance:
13. NAME Caul Lippo	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Cleaning Was there an autopsy?
15. MAIDEN NAME CUrric Kloyle	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Caul Cappe (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVALE Date 6/5 69 3	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 926 , 1936 SILVER REGISTRAT.	(Signed) C. H. Bellingther M. D. (Address) Western A.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	HUREAU V. S.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	Mary	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			BECEIVED	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1		6 4	6
6	1	1	6	A.

1. PLACE OF DEATH		97	
County Carroll			No. 74
Village or City Sylvers	ville	No. Opskingfeld State	Norfollows
Langth of rasidanca In city or town where		If death occurred in a hospital or histitution, give its NAME inste isds. How long in U.S. if of foreign birth?	
2. FULL NAME Elipa	beth Lewis	If U. S. Veteran, specify WAR	
(a) Residence: No. 334/	Waldreade (Usual place of abode)	Ward. If nonresident give c	city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	4 (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY T	hat I attanded daces and from
6. DATE OF BIRTH (month, day, and year)	Rug/. 5, 1872	1 last saw h Ale alive on Lucace 92	19.3 6; death is said
7. AGE Yaars Months	Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated abova, at I. 20 Q. The PRINCIPAL CAUSE OF DEATH and related causes of inveree as follows:	
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	uem	Teneral allerior 19	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Data dacaasad last workad at this occupation (month and year)	11. Total tima (yaars) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	llieure	Othar Contributory Causes of importanca:	
1	e Lewis		
13. NAME WILLIAM 14. BIRTHPLACE (city or town)	alliceste	Nama of oparation	Data of
(Stata of country)	Marykand	What test confirmed diagnosis?	. Was there an autopsy?
15. MAIDEN NAME (Ledea 16. BIRTHPLACE (city or town)	Dallinger	23. If death was due to external causes (VIOLENCE) fill in el Accidant, suicide, or hemicide? Date of	
2 (Stata or country) 17. INFORMANT Karketal (Address) Le ker	Theorets.	Where did injury occur? Specify whether injury occurred in IRDUSTRY, in HOME, o	, county and State) or in PUBLIC PLACE.
187 BURIAL, CREMATION, OR REVOVAL	Date June 6, 1936	Manner of injury	
19. UNDERTAKER Claus. 4. Exercises (Address) / 8 H. M. M.	loyal ave.	24. Was disaase or injury in any way related to occupation of the so, spacify	of decaasad?
20. FILED JULIA 4, 1936 C	Harry New Registrar.	(Signed) May all (Address) Sylverist	ces M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	the state of the s	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonities	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

MARGIN RESERVED FOR BINDING

	N. BWRITE PLAINE, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
NG	NENT RECORD. E.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	fied. Exact staten	
MARGIN RESERVED FOR BINDING	IS IS A PERMAN	e stated EXAC	e properly classi	f certificate.
N RESERVE	DING INK-TH	AGE should b	so that it may b	ctions on back o
MARGI	, WITH UNFAI	refully supplied.	I in plain terms,	tant. See instru
0	VRITE PLAIN	ntion should be ca	AUSE OF DEATH	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—V	m	C	IT

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	5072
1	. PLACE OF DEATH	(48) /	
	County Curvel.	Registration Dist. No. 0	
	Village or City mt wy mel.	NoSt.,	- Ward
1	1110	death occurred in a horpital or institution, give its NAME instead of street and n	
	FULL NAME EHA V. Lownson		
	(a) Residence: No. 2014 Auri Stud	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7	SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temule White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193_6 (Year)
5a.	If married, widowed, or divorced HUSBAND-of (or) WIFE of Lennes W. Lowers.	22. I HEREBY CERTIFY. That I attended	deceased from
6.	DATE OF BIRTH (month, day, and year) (- 12 - 1867	i lest saw h_A alive on June 13, 1936	; death is sajd
7	AGE Years Months Days If LESS than	to have occurred on the date stated above, at @ 231.m.	
	08 10 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carenoma 1 Ulum	1934!
UPA	9 Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0	
000	10. Date deceased last worked at this occupation (month and spent in this occupation contains occupation occupation occupation		
12.	BIRTHPLACE (city or town) Frederick Co.	Other Contributory Causes of importance:	
2	(State or country)	(Modernmal Metastesis	1935
FATHER	13. NAME FOUND TONG	n oat	
FA	14. BIRTHPLACE (city or town)	Name of operation Date of Was there an a	1 .
HER	15. MAIDEN NAME Come by Sixtest	23. If death was due to external causes (VIOLENCE) fill In also the following	
MOTH	16. BIRTHPLACE (city or town) Fredunch Co.	Accident, suicide, or homicide? Date of injury	
Σ	(State or country)	Where did injury occur?	
17.	(Address) PD M Carrie 24	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Une SMOVE CHUST Pate SML 1.1., 1939.	Nature of injury	
19	UNDERTAKER LA M. Velleto (Address)	24. Was disease or injury In any way related to occupation of deceased?)ver
20	FILE LUCE 17, 1936 The Delugder Registrar.	(Signed) Johnson The Company and	M. D.
		2411 N. Charles Street, Baltimore, Requesting V. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis JUL 0 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAI

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLAC	CE OF DEA	TH			(942)	/	
Coun	ty	Carr	oll		Registration Dist. No.	2	
Village or City near Westminster (Length of residence in city or town where death occurred 50 yrs. mo				(1)	No. St., f death occurred in a hospital or institution, give its NAME instead of street and street		
			y Roger Westmins	Mathias ster	St., Ward. If nonresident give city or town and	State	
PEF	RSONAL AN	ID STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEATH	Diac	
3. SEX	4. COLO	or or race	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 23 (Month) (Day)	; 193 <u>6</u> (Year)	
5a. If married HUSBAI (or) WI	PP /	orced Clara Li	ippy		22. I HEREBY CERTIFY, That I ettended	deceased from	
	BIRTH (month, da	1	May 31,	1865	I lest sow h alive on, 19,	_; death is said	
7. AGE	Years 71 e, profession, or p	Months	Days 23	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset	
10 Date	stry or business in york was done, as S SAW MILL, BANK, deceased last won his occupation (mo rear)	rked at nth end	oco spa	time (years) nt in this upation	Other Contributory Causes of importance: - Other Contributory Causes of importance: - Okulo Clauses - Aclesanis -	193	
13. NAM	E J	oseph li	athias				
	HPLACE (city or to State or country)		vland		Name of operation Date of Date of Whet test confirmed diagnosis? World Westhere an autopsy?		
15. MAII 16. BIRT	DEN NAME	Eliza	Weishaar	C	23. If death was due to external causes (VIOLENCE) fill in also the following	g:	
17. INFORMA (Addi	HPLACE (city or to State or country) INT ress) CREMATION, OR F Leister	Harry Westmi	inois J. Mathi nster, k	ias id. 1e26, ₁₉ 36	Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	le)	
19. UNDERTA	AKER		is Reese	Registrar.	Neture of Injury. 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)	Lio.	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 JUL 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
The STATE COME STATE STA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MAKGIL	TH UNFAD	ly supplied.
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CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

-WRITE PLAI

V. S. No. 1 ä Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6074
1. PLACE OF DEATH	82.00
County Carrol A	Registration Dist. No. 70
Village or City Mlar Tauly lown (If	death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?
2. FULL NAME SIELLA MAY H	listam
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED write the word 5a. If married, widowed or divorced a	21. DATE OF DEATH Size 20 (Pay) (Year)
(or) WIFE of Cothworthy R Phasha	22. OI HEREBY CERTIFY. That I attended deceased from 11. June 20, 19.36, to June 20, 19.36
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et P. m.
35 0 /19 1day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this programme) and this programme in the same than the sam	- Chelical Accounting The
10. Date deceased last worked at this occupation (month and year)	AAJ
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Cancer of importance: Halla Mourn
13. NAME 14. BIRTHPLACE (city or fown) (State or country)	noue
(State of country)	What test confirmed diagnosis? Distribution— Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or counted)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(Stete or county)	Where did injury occur?
17. INFORMANT Claude Hysbanns (Address) Janestown Mix	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date January 193-6	Nature of Injury
19. UNDERTAKER A A A A A A A A A A A A A A A A A A A	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED Jane 24, 1936 Ettel M. Mehref	(Signed) MINUM HURCHES M. D. (Address) M. D.
	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	e e e e e e e e e e e e e e e e e e e	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
II a			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentèritis	1 year

WRITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT R. mation should be carefully supplied. AGE should be stated EXACTLY.	
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PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

N. B.-WRITE PLAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6075
1. PLACE OF DEATH	(97)
County Carroll	Registration Dist. No. 74
Village or City Sykerwill	No. Spring Jula Vette Nappelatord
Length of residence In city or town where death occurred / vrs. o mos.	death occurred in a horpital or institution, give its NAME instead of street and number) 2 ds. How long in U.S. if of foreign birth?
2. FULL NAME Massie Phistories	
	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
is. If married, widowed, or divorced HUSBAND of (or) WIFE of Mukewoon) Thirterer.	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) 7-24-1876	Hereh 27, 19, 36, to June 22, 19, 96, leath is said
6. DATE OF BIRTH (month, day, and year) /- 24- 876 7. AGE Years Months Days If LESS than	to have occurred on the date stated abova. at A. C. m.
59 /0 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral activity acresses 1931
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
1D. Data deceased last worked at this occupation (month and spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) Much cera w	Other Contributory Canses of Importance:
(State or country) Mary Road.	
13. NAME Edward Schull	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? Mo
15. MAIDEN NAME Clara Delively	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcida, or homicide?
17. INFORMANT Hasfaital Records	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Sy Resortle Mol- 18. BURIAL, CREMATION, OR REMOVAL / ,	Manner of injury
Place Cathachal Cara Data Juna 24, 1936	Neture of injury
19. UNDERTAKER 36. 20. 200 and	24. Was disease or injury in any way related to occupation of deceased?
(Address) 805 22 Tolore be	If so, specify
20. FILED Lesse 72, 1936 astary Mul	(Signed) Many Ill Cons. M. D. (Address) Ly Reverly Md
11	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	200	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Q S S S S S S S S S S S S S S S S S S	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	7921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

7. PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

4.	1	1 17	1	1
U	U	17	f	1

1. PLACE OF DEATH	108
County Careall	Registration Dist. Np.
Village Dr City De/Results (If Length of residence in city or town where death occurred. / vrs. + mos.	death occurred in a hospital of institution, give its NAME instead of street and number) 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
P. I. The P.	
(a) Residence: No. 1820 Monroe St (Usual place of abode)	St., Ward. Baltaman Ma
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Name of the word)	21. DATE OF DEATH Strice (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of See See 1 23 / 856 6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY That I ettanded deceesed from Marcel 19 36, to June 6, 19 36; death is seld
7. AGE Yeers Months Deys If LESS than 1 day,	to have occurred on the dete stated above, at 4m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset 5283
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and year)	Dther Coutributory Causes of Importance;
12. BIRTHPLACE (city or town) (State or country) Lary Rand Line 13. NAME Alexeny Cittle are the city of town or the city of the city	Seriele d'Aychoirs /932
14. BIRTHPLACE (city or town) luckerous (State or country)	Nama of operation Date of What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME (Rechardon) Maleries 16. BIRTHPLACE (city or town) Rechardon (State or country) Racy Caned 17. INFORMANT Rackets (Address) Reviewelle Rechardon	23. If death was due to external causes (VIOLENCE) filf in elso the following: Accidant, suicida, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place for Montark Centy Data June 9 1936	Manner of injury
19. UNDERTAKER WOR CAPK (Addjess) /2 17 Ff Faul St 20. FILED LINE 7, 1936 SHANG NEW Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed) Raced M. Rees M.D. (Address) Rescuelle M.d.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II
cause of death and related causes Date of onset were as follows:
nsy 1 week ago
eet car 1 week ago
3 days ago
utory causes of importance:
1 year

PHYSICIANS should state item of inforof OCCUPA-County Village Every Length Exact statement 2. FULL IS A PERMANENT RECORD. (a) Re PER stated EXACTLY. properly classified. 5a. If married, HUSBANG (or) WIFE certificate. 6. DATE OF B 7. AGE 8. Trade WITH UNFADING INK-THIS OCCUPATION AGE should be kir SA Jo See instructions on back CAUSE OF DEATH in plain terms, so that it may WO SA 10. Date thi ye 12. BIRTHPLA mation should be carefully supplied. (State FATHER 13. NAME 14. BIRT MOTHER TION is very important. 15. MAIDE 16. BIRTH (S

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

0 11	
County Earrall	Registration Dist. No.
Village or City Linear Drilae	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmosds.
FULL NAME / NO. Colla May Ref	
	A 144-1
(a) Residence: No. (Usual prace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	June 17 1936
) married	(Month) (Day) (Yeer)
narried, widowed, or divorced USPANIE of	22. HEREBY CERTIFY, That I attended deceased from
or) WIFE of James m. repe	Lec 30, 1935, to June 17, 1936
may 15 1817	
E OF BIRTH (month, day, end year) DW /5, /867	I last saw h_RY_alive on
Years Months Days M LESS than	to have occurred on the date stated above, at _f.2m.c. m.c. m.c.
6 7 S / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Trade, profession, or particular	Date of wheet
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Gostne humorrhore 12 hr.
Industry or business in which work wes done, as SILK MILL,	
SAW MILL, BANK, etc.	
. Date decessed last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation	
ATHPLACE (city or town)	Other Contributory Causes of Importance:
(State Olcountry)	Gastrie Week
NAME WAND (N. XIIIK)	
The state of the s	
BIRTYPYACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
MAIDEN NAME Vannan Jours	23. If death was due to external causes (VIOLENCE) fill in also the following:
. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
My James, M. Kelk.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
RIAL CREMATION OF REMOVAL	
Place July Orule Date June 19 1936	Manner of injury
12/52 1/11/16	Neture of injury
DERTAKER TUSS TOPUA	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Donly John, M.	If so, specify
FD 18 1936 Seel 2 1 10 6/10	(Signed)
Registrar	(Address) Marine Basto III

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLA

17. INFORMAN (Addre 18. BURIAL Place.

19. UNDERTAI

20. FILEDAZE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1111 6 1036	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4.5	2.1	6.4	
6	U	6	3

1. PLACE OF DEATH			(23)	
County Carroll			Registration Dist. No.	7.06
Village or City Spring	field Sta	ate Hospi	taNo. Sykesville, Md. St., f death occurred in a hospital or institution, give its NAME instead of street and SIXds. How long in U.S. if of foreign birth?yrs	Ward number)
2. FULL NAME Louis S			If U. S. Veteran, specify WAR	001
(a) Residence: No. Balti				Boarding house
PERSONAL AND STATE	STICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Mari	RIED, WIDOWED, D (write the word) PIEC	21. DATE OF DEATH June (Month) (Day)	, 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rotha Sa	lomone		22. HEREBY CERTIFY, That ! attende May 26 , 19 36, to June 3	d deceased from
6. DATE OF BIRTH (month, day, and year)	1898			3_; death is said
7. AGE Yeers Months Days If LESS then 1 day,hrs.		to have occurred on the date stated above, et. 10.30A.M. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Date of onset	
Irada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. MUSICIAN 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. II. Total time (yeers) this occupation (month and spent in this spent in this		Fibro Casesious Pulmonory Tuberlocis	4 wks	
12. BIRTHPLACE (city or town)		entinithis upation	Other Contributory Causes of importence:	
(Stete or country) E 13. NAME Louis Sa	ilmmone		Multiple Tuberculomas	
H 13. NAME Louis Sa 14. BIRTHPLACE (city or town) (State or country)			Nama of operetion	
置 IS. MAIDEN NAME			23. If death was due to externel ceusas (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Unknown (Stata or country)		Accident, suicide, or homicide? Data of injury Where did injury occur?(Specify city or town, county and St	, 19	
17. INFORMANT . Aspirital (Address)	Kessel		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURJAL, CREMATION, OR/REMOVAL Date June 4, 1936		Manner of injury		
19. UNDERTAKED Kelliam Coak (Address) Baltimose Md.		24. Was disease or injury in any way releted to occupation of decaased?		
20. FILED June 4 , 1936 G	Harry H	Registrar.	(Signed) Address) Springfield State Ho	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago BHRFAH Y Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 6079
1. PLACE OF DEATH County Carroll Co	(59)
county Carroll Co	Registration Dist. No.
Village or City Communication	No. Dayle ave St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of instruction, give his transfer instead of street and number? ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Cathanine School	eller If U. S. Veteran, specify WAR
(a) Residence: No. Dayle auc.	// St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MILE 25 1936
5a. If married, widowed, or divorced	(month) (bay) (rear)
HUSBAND of (or) WIFE of (Illert Schooller)	22. HEREBY CERTIFY That I ettended deceased from
2 1050	June 19-, 136, 10 June 25, 1036
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	Plast saw her alive on figure 19 ; death Is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 2, 15 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
O / I ormin.	were as follows: Date of one of
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month and	Wileris pellisus 1930
9. Industry or business in which work was done, as SILK MILL.	scapeta - out
work was done, as SILK MILL, SAW MILL, BANK, etc	DOTES .
O this occupation (month end year)	
12. BIRTHPLACE (city or town) New Oblack	Other Contributory Causes of importance:
(State or country)	Dilatato Parento
W 13. NAME nech Feiser	1021
14. BIRTHHACE (city or town)	Name of operation 2000 Date of
(State or country) Fudericle Co. Mid.	What test confirmed diegnosis? Laborate Was there an aulopsy?
I IS. MAIDEN NAME THEATHER Diele	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Watelda Diehl 16. BIRTHPLACE (city or town) Yelv Oxford (Stele or country)	Accident, suicide, or homicide? Date of Injury19
(Stete or country)	Where did injury occur?
17. INFORMANT Mrs; Meg. 7. Blown	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) West minuter, Waryland.	
Place Kridere Cena. Date Kuns 28 1936	Manner of injury
19. UNDERTAKER John S. Myero S.	24. Was disease or injury in any way related to occupation of deceased?
(Address westweister mid.	If p, specify
20. FILED 6/26, 1936 Alleostoo. Registrat.	(Signed) (Mab R toul M. D. (Address) 2/2 11 12 W.
If more blanks are needed, address State Registrar,	411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUL 6 1936			
Other contributory causes of importance; 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAIN

V. S. No. 1 m TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	948)
County Canal	Registration Dist. No. 75
Village or City Melrose	NoSt.,Ward
(If Length of residence in gity or town where death occurred 26 yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
Q ++ 0 0.6	
2. FULL NAME / LAUNAME! Solay	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	Yare , 193.6 (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of amelia Schaller	22. I HEREBY CERTIFY, That I attended deceased from
Jan 2/1 10-61	last saw hand alive on June 1 1976 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to hava occurred on the date stated abova, atm.
60 4 5 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	Coronary Selenary 1934
9. Industry or business in which work was done, as SILK MILL, Rank, etc.	
SAW MILL, BANK, etc.	U
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	aranoselerous &
13. NAME Puber Schoffer 14. BIRTHPLACE (city or town)	
[14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
=	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Miless did follows account
A herry Debutter	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Man elester Morate June 9, 1936	Nature of injury
19. UNDERTAKER Jacob Write Same	24. Was diseasa or Injury in any way related to occupation of deceased?
(Address) / Manchester Md	If so, specify
20. FILED Aprile 2 19 3 6 Mrs. Gr. P. S. Denner	(Signed) W/ O Klemmer M. D.
Registrar.	(Address) Menchester Med

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The principal cause of death and related causes of importance were as follows:		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance		
May 1,1923	Gastroenteritis	1 year	
May 1,1923	Gastroenteruis	1 ye	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

5, 1	WR.	mati CAU TIOI
S. No.	N. B.	a
>	-	0

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(731)
County Carroll:	Registration Dist. No. 26
Village or City (Latapsco Md.	NoSt.,Ward
Length of residence in city or town where death occurred yrs. I mos 2. FULL NAME Malinada J. Sha	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
(a) Residence: No. Latapsed Md- (Usatiplace of abode)	St., Ward. M uonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced WUSBAND of (all) WIFE of George H. Stranger.	22. I HEREBY CERTIFY. That I attended deceased from 26. 19.56 to June 1. 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et
(95. 3 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, facust wife SAWYER, BOOKKEEPER, etc.	arterio Scleronio Dato otonset 1930
9. Industry or husiness in which work was done, as SILK MILL.	Chronic Interstitial
	nephritos 1930
12. BIRTHPLACE (city or town) Dallings City (State or country)	Other Contributory Causes of importance: Cerebral Hemorlege 30
13. NAME GEORGE A Sullison	6-7-3-6
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) My	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME COME Fillusse 16. BIRTHPLACE (city or town) (State of country) 17. INFORMANCE (State of Longe F. Securior) (Address) 853. Pawan & F. Ballo ma	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18 BURIAL, CREMATION, OR REMOVAL FIND CONTRACTOR 3/1036	Manner of injury
19. UNDERTAKER Maller Davis (Address) 74/8 Chestry www.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 6 / 1976 FREEDOOWOO	(Signed) Chab A tout M. D. (Address) Salunda W. M. D.
If more blanks are needed, address State Registrar	2422 N. Charles Street Relaimance Production 91 S. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 'S 'A	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 9861 9	3 days ago
		DELAED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state
	Jo me	Plnoy
	CORD. Every ite	PHYSICIANS S
DNIGNI	N. BWRITE PLAINAI, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR B	S IS A PE	stated I
MARGIN RESERVED FOR BINDING	NK-THIS	should be
IN RE	I DNIG	d. AGE
MARG	H UNFA	supplie
	I, WIT	carefully
	PLAIN	hould be
3. 1	-WRITE	mation s
V. S. No. 1	N. B.	(

	D—CERTIFICATE OF DEATH	6082
	herculosis Sanatorium	
County	red Branch 43 Registration Dist. No. 74	
Village or City Henryton, Maryland. Length of residence in city or town where death occurred Oyrs.	No. St., 2 (If death occurred in a hospital or institution, give its NAME instead of street and mos. How long in U.S. if of foreign birth?	Ward number)
2. FULL NAME Theodore Gray Smith	If U. S. Veteran, specify WAR None	
(a) Residence: No. Monkton, Baltimore (Usual place of abode)	County, Maryland. If nonresident give city or town an	3 X d State
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WII OR DIVORCED (write the Single)	vord) 21. DATE OF DEATH June 8, 1936 (Month) (Day)	., 193(Year)
5a. It married, widowed, or divorced HUSBAND ot (or) WIFE of	22. HEREBY CERTIFY, Thet lattender March 27, 1936, to June 8, 19	d deceased from
6. DATE OF BIRTH (month, day, and year) February 3, 1	11 I last saw h im elive on June 8, 1936	; deeth is said
7. AGE Years Months Days If LE	than to have occurred on the dete stated above, at 12.15 A.M.	
25 4 5 1 day or X x	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Data of court
8. Trade, protession, or particular kind of work done, es SPINNER, Laborer	Pulmonary Tuberculosis	Nov.,
SAWYER, BOOKKEEPER, etc.	**************************************	1935
work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year) Unknown Unknown		
12. BIRTHPLACE (city or town) Monkton, (State or country) Maryland.	Other Contributory Causes of importance:	
# 13. NAME George Smith		
Hand George Smith 14. BIRTHPLACE (city or town) Monkton, (State or country) Maryland	Name of operation Date of_	No
# 15. MAIDEN NAME Amelia Gray	Whet test confirmed diagnosis? Was there an	
16. BIRTHPLACE (city or town) Monkton, (State or country) Maryland.	23. If death was due to external ceuses (VIOLENCE) fill In elso the followin Accident, suicide, or homicide? Dete of injury	•
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Maryland.	Where did injury occur? (Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Developmen 11	Menner ot injury Nature of injury	
19. UNDERTAKER P. Markelin Lar (Address) Whate Hall had	24. Was disease or injury In any way related to occupation of deceased?	10
20 FILED 6/8/36 19 May Conice	/	el, M.D.
Deputy Local R	strar. (Add(ess) Henryton, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of of importance were as: Arteriosclerosis	death and related causes- follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	July 5,1927	Peritonitis	3 days ago	
	ELIREAU V. S				
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Jo plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town whera death occurred RECORD. Every How long in U.S. if of foreign birth? statement (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT ML CTL (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1936 H certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at----stated I dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importence or min. were as follows Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which should work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total tima (years) On this occupation (month and spant in this that occupation __ instructions 12. BIRTHPLACE (city or town (State or country) supplied plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town). Name of operation. (State or country) carefully What test confirmed diegnosis?. Was there an eutopsy?. MOTHER im portant. 15. MAIDEN NAME 23. If death was due to external couses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur? should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury ___ WRITE 3 CAUSE mation LION Nature of injury___ any way related to occupation of deceased? ILC 19. UNDERTAKER (Address) If so, specify M 20, FILED Registrar. (Address)

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	and the same of th	Example II		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	المتاسا			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	_!		L	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. I, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLAI

STATE OF MAR	YLAND—	CERTIFICA	TE OF DEA	ATH	,6084
County Carroll.		Registration	Dist. No		
Village or City Mr. W. latiningle	<u> </u>	No.	TILLIAN BILL BILL NAM	St.,	Ward
Length of residence in city or town where death occurred			I or institution, give its NAM U.S. If of foreign birth?		
2. FULL NAME Catherine For	is Str	wia			V
(a) Residence: No.		St. Ward			
(Usual place	of abode)	2		t give city or town a	nd State
PERSONAL AND STATISTICAL PARTI	CULARS		CAL CERTIFICATI	E OF DEATH	
	RIED, WIDOWED, D (write the word)	21. DATE OF DE	(Month)	/ O	., 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of		22. THEF		Y That I attende	
(or) WIFE of		may	3/ 1936 to	Lane	LO. 1936
6. DATE OF BIRTH (month, day, end year) (114 2 4	5-1935-	I last sew h_eb/_ eli	(1. 0/	10 0	6; deeth is sale
7. AGE Years Months Days	If LESS then	to have occurred on the	date stated ebove, at 12	:30An.	
9 14	1 dey,hrs.	The PRINCIPAL CAUSE were as follows:	OF DEATH and related cau	ses of importance	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		Kurun	ioura (E	Broucho)	June.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Pale deceased last worked at this occupation (month and					
	ime (yeers) nt In this upetion				
		Other Contributory Caus	es of Importance:		2.
12. BIRTHPLACE (city or town) washing (State or country)		- Inca			Jane
W 13. NAME & Ston Strong	-				V
14. BIRTHPLACE (city or town)		Name of operation		Dete of	
(State of country)		What test confirmed dia	gnosis? Chyo Sig	Wes there a	n autopsy?_/১
15. MAIDEN NAME Pauline Stones	ifer	23. If death was due to ex	sternal causes (VIOLENCE)	fill in also the follow	Ing:
15. MAIDEN NAME Pauline Stones 16. BIRTHPLACE (city or town)	<i>[</i>	Accident, suicide, or hor	nicide?	. Date of Injury	, 19
State or country)	Where did injury occur? (Specify city or town, county and State)				
17. INFORMANT Clory Sherra (Address) Westminster	md	Specify whether injury o	occurred in INDUSTRY, in H	OME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury				
Place Tuelle 0 em . Date Jim	1.12.,1936	Neture of Injury			
19. UNDERTAKER A Banbard 42. (Addiess) A Romains to	and f	24. Was disease or injury	in eny wey related to occu	pation of deceased?_	0
20. FILED 6/1/ 19-36 Selection	Registrar.	(Signed)	Themas	perg	her/M.
If move blanks are meeted			timore, Requesting U. S. No	7	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago	
1 11 6 1936				
Other contributory causes of importance: V.	. //	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

AGE should be

mation should be carefully supplied.

-WRITE PLAIN

B.

TION is very important. See instructions on back of certificate.

stated EXACTLY.

PHYSICIANS should state

1. PLACE OF DEATH County Croud Registration Dist. No. 76 Village or City Salvande No. St., W	
Village or City of extremale No. St., W	
	/ard
(If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or down where death occurred - yrsmosds How long In U. S. if of foreign birth?yrsmos	_ds.
2. FULL NAME Sylvanus & Limend Laylor U. S. Veteran, specify WAR.	
(a) Residence: No. Carrel Only &t., Ward.	
(Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ford) (Month) (Day) (Year	<u>}</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That I attended deceased	from
1 last saw hair alive on June 18-0 19.36 : death is	e sid
6. DATE OF BIRTH (month, day, and year)	Salo
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at / / m. I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
a 3 6 or min. were as follows:	nset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	2
	A. M
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation month and 1936 spent in this securation	
year) Other Contributory Causes of importance:	
12. BIRTHPLACE (cky or town) Jollin of	
(State or country) And Categor had Culmoney San	Mar.
13. NAME 7 Charles (city or town) Date of State or country. Name of operation. Date of	
14. BIRTHPLACE (city or tgwn) Date of Date of	
What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?	ho
15. MAIDEN NAME have following:	
15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
(State or sountry) Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Me the Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE. (Address)	
18. BURIAL, CREMATION, OR REMOVAL S/ Manner of injury	
Place Date Date Nature of injury Nature of injury	
19 UNDERTAKES In Acceptable 24. Was disease or injury in any way related to occupation of deceased? No.	
(Address) / Laa and If so, specify	
20, FILED /9/36 19 8/x Haadward (Signed) J. Bellings en	M. D.
(Address) Weaturnly, in	4.

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Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- AND AND			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE O	F DEATH				- (174)		0	To s
County	Carrol					Registration	Dist. No.	9
Village or (city Sylvan	ille		No			St.,_	Wa
Length of res	idence in city or town wher	e death occurred		death occurred in a				
2. FULL NA	m 1	si'm-	· Le	mle sor		100		
	nce: No. Suppes	-710.		St	Ward.			
(a) Resider	ice: No.	(Usual place of	f abode)	ა.,	walu.	If nonresiden	it give city or town a	and State
PERSON	NAL AND STATIS	TICAL PARTIC	ULARS	М	EDICAL C	ERTIFICAT	E OF DEATH	
Fernale	4. COLOR OR RACE Plegro	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE O	F DEATH	(Month)	/ 5— (Day)	, 193 <u>6</u> (Yaar)
a. If married, widow HUSBAND of (or) WIFE of	Walter S.	Simpson	<i>,</i> ,,	22.	HEREBY		Y, That I attand	ad deceased
DATE OF BIRTH	(month, day, and year)	ing. 18,1	907	I last saw h_	alive on	June 15	, 19-3	6.; death is
. AGE Ye	ars Months	Days	If LESS than 1 day,hrs.			ed above, at_2_		
2	8 9	127	ormin.	The PRINCIPAL were as follows;	CAUSE OF DEAT	TH and related cau	ses of importance	Date of o
8. Trade, profe	ession, or particular work done, as SPINNER, R, BOOKKEEPER, atc	Lange wil	0.	Hemp	orage	- Can	sed Ty	6/15
9 Industry or	husiness in which	A.F.		serva	21:00	2 Jugli	ar Yede	
work wa	is dona, as SILK MILL, LL, BANK, etc			on ses	A seda		•••	
10. Date decease	sed last worked at upation (month and	11. Total timespant	ne (years) t in this / 6 yr,					
2. BIRTHPLACE (c		town, Fre	deuck	Othar Coutributor	ry Causes of impo	ortance:		
13. NAME	then Henry	monro	e					
14. BIRTHPLAC	E (city or town)	Virginio	_	Name of operation	n		Date of	
(State o	r country)	0		What test confirm	ad diagnosis?		Was there a	n au¹opsy?
15. MAIDEN NA	AME Caroline	2 Mon	20e	23. If daath was du	a to axtarnal ca	usas (VIOL ENCE) I	fill in also the follow	ing:
	E (city or town) Dan	nascus	2				Date of Injury	15 19
(State o	r country)	nd,		Where did injury	occur? Man	2 Sypes	or town, county and	itate)
7. INFORMANT	aroline	mour	ar .	Specify whether in	njury occurred i	n INDUSTRY, in H	OME, or in PUBLIC	PLACE.
(Addrass) 8. BURIAL, CREMA	TION, OR REMOVAL		car	Mannar of in	Rail-	mous		
Place 7	ourlain m	llo Date LUL	4/6,136	Manner of injury	Heron	+ cut		
9. UNDERTAKER (Address)	1500	e fle	Jus.			vay related to occu	pation of deceasad?_	no
O. FILED	13-136 6	fug my	Hey est.	(Signer)	ess) West	E. Flen	agan C	oran

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1 Run over by street car 1 week ago
1927 Perilonitis 3 days ago
Other contributory causes of importance: 1923 Gastroenteritis 1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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B.—WRITE PLAIN

V. S. No. 1

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

4.5	0 5	60	10	
6	U	0	()	

1. PLACE OF DEATH		Maryla		culosis Sanato	rium	
County Carrol	1		Color	d Branch (23)	Registration Dist. No. 7	4
Village or City Henr			(16	No. (above) eath occurred in a hospital or instituti ds. How long In U.S. if of	St, ion, give its NAME instead of street a foreign birth?yrs	
2. FULL NAME Rob	ert Ju			If U. S. Veleran, s		
(a) Residence: No. Tu			, Baltimo		If nonresident give city or town	03X and State
PERSONAL AND	STATISTI	CAL PARTIC	CULARS	MEDICAL CE	ERTIFICATE OF DEATH	4
Male Color o	R RACE	5. SINGLE, MARK OR DIVORCED Sing	(write the word)	21. DATE OF DEATH	June 12, 1936	, 193(Year)
oa. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY March 13. 1935	CERTIFY, That I attend	ded deceased from
6. DATE OF BIRTH (month, day, an	d year) Ap	ril 10,	1914	Hast saw h im alive on JI	une 12, 1936, 19	; death is said
7. AGE Years 22	Months 2	Days 2	If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH		
Trade, profession, or partic kind of work done, es s SAWYER, BOOKKEEPER	spinner, , etc	Laborer		Pulmor	nary Tuberculos	315
9. Industry or business in wh work was done, as SILK SAW MILL, BANK, etc	MILL.	Unknown				Mar.
Do Date deceased last worked this occupation (month year)	at	11. Total tip Own spen	me (years) t in thi Unkno pation			1934
	Sparro Maryla	ws Poin	t	Other Coutributory Causes of impor	tance:	
13. NAME	Robert	Turner				
14. BIRTHPLACE (city or town) (State or country)	Virgi	nia		Name of operationWhat test confirmed diagnosis?	Date of Was there	37
15. MAIDEN NAME		Walker		23. If death was due to external caus	ses (VIOLENCE) fill in also the follo	wing:
16. BIRTHPLACE (city or town) (State or country)	Unkno Virgi			Accident, suicide, or homicide? Where did injury occur?	Dete of injury	
17. INFORMANT Dr. Jo. (Address) Henryt	hn E.	O'Neill	, M.D.	Specify whether injury occurred in	(Specify city or town, county and INDUSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMI		Date 6/13	5, 19 5 6	Manner of injury	10 cm cm cm cm	
19. UNDERTAKER MAS A	not h	Ell	with	24. Was disease or injury in any we	ey related to occupation of deceased?	No
20. FILED 6/12/36, 19	Deput	y Local	MecCl. Registrar.	(Signed) (Address)	his Of Con	ell M.D.
	If more	blanks are needed, a	ddress State Registrar,	411 N. Charles Street, Baltimore, Rec	questing U. S. No. 1.	1

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Example I	la l	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 10	3 days ago
		7014	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

should state of infor-

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

60		h	1	,	0 40
6	- #	1	1	ĸ.	1
0	1	1		2	W

1	. PLACE OF DI	EATH			(31)			41
	County Carr	oll				Registration Di	ist. No.	74
	Village or City	Sykesvil	1e		No.Springfield	State I	Hospista	1 Ward
	Langth of rasidance i	in city or town whara d	leath occurrad	1 yrs. 10 mos	death occurred in a hospital or instituti	ion, give its NAME i foreign birth?	nstead of street and	d number) .mosds.
2	. FULL NAME	Frederic	ek Vogt		If U. S. Veteran,	specify WAR		
	(a) Residence: No	. 415 N. H	Belnord (Usual place of		St., Ward.	If nonresident gi	ve city or town as	nd State
	PERSONAL	AND STATIST	CAL PARTIC	CULARS	MEDICAL CE	ERTIFICATE (OF DEATH	
		olor or race hite		RIED, WIDOWED, (write tha word)	21. DATE OF DEATH	Tune	15 (Dev)	, 1936
5a.	If marriad, widowad, or HUSBANO of	divorcad		77-18-2			(1-3)	(,,,,
		Anna Kast	tner		22. I HEREBY September			
6 1	DATE OF BIRTH (month	day and year) M.C	rch 17	1876	I last saw h_1M alive on		19.3	
	AGE Yaars	Months	Oays	If LESS than	to hava occurrad on the date stated			
	60	2	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	H and ralatad causas	of importanca	
z	8. Trade, profassion, d	or particular			General:			Oate of onset
TIO		LII, 010	lone		Arterioscler	osis		1933
JPA	9. Industry or businas work was dona, SAW MILL, BAN	as SILK MILL,						
OCCUPATION	10. Date decaased last	workad at	11. Total ti	ma (yaars)	Chronic Inte			
0	this occupation (tin this pation		Nephri	618	8/26/35
12	BIRTHPLACE (city or to	Baltin	nore		Other Contributory Causes of impor	rtance:		
	(Stata or country)	Mary	land		Myocardial I	Degenerat	tion	1934
ER	13. NAME Geor	ge N. Vog	t			g.xxxxx		
FATHER	14. BIRTHPLACE (city	or town) Unkr	own		Neme of operation		Oate of.	
	(Stata or countr	ry) Ge	ermany		What tast confirmed diagnosis?		Was there e	n autopsy?NO
HER	15. MAIOEN NAME	Anna Boro	cherding		23. If death wes due to external caus	ses (VIOLENCE) fiii i	n also the followi	ing:
MOTHER	16. BIRTHPLACE (city	or town) Unki	nown		Accidant, sulcide, or homicide?	Da	te of injury	, 19
-	(State or count		ermany		Whara did injury occur?	(Specify city or to	wn, county and S	tate)
17.	(Address)	spital Re Sykesvill	ecords Le. Md.		Specify whethar injury occurred in	INDUSTRY, in HOM	E, or in PUBLIC F	LACE.
18/	Place Place	OR REMOVADEUR	Oate Luce	W/8,1934	Mannar of injury			
10	UNDERTAKER	fun a.	Mar	an	24. Was disease or injury in any we	y related to occupati	on of daceasad?	
19.	(Address)	o E Bal	to. St.		If so, specify			
20	FILED June	1036 Qs	Karry	tru	(Signad) Mulyanga	ia Beyer		M. D.
20.		, 13-		Registrar.	(Address) Sulk	esvilla ,	ml -	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	20 1	Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,190	Peritonitis	3 days ago
Other contributory causes of importance:	Angel of the State of	Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

N. B.—WRITE PLAIN

	STATE	OF	MARYLA	AND-	CERTIF	ICATE	OF	DEATH
4								

STATE OF	MARYLAND	-CERTIFICATE OF DEATH	188
1. PLACE OF DEATH		92>	
County Carroll	Country	Registration Dist. No.	1944
Village or City 5 pringfrued	State Ho	p. No. Sypanelle, not. St.,	Ward
Langth of residence in city or town where death o	ccurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number of the street and number of t	umber) sds.
2. FULL NAME anna	Vollordt	If U. S. Veteran, specify WAR	
	79 Whitvide O	St., Ward. If nonresident give city or town and S	O (
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	NGLE, MARRIED, WIDOWI R DIVORCED (write tha wo		193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended d June 13, 19.36, to June 24	
6. DATE OF BIRTH (month, day, and year) Nov. 1	28, 18 64	I last saw ha aliva on	
7. AGE Years Months 7	Days If LESS to	to have occurred on the date steted above, at 1.200m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work dona, as SPINNER,		were as follows:	Date of onset
SAWYER, BOOKKEEPER, etc	omestic	generalized ashrioselessais	unku.
work was done, as SILK MILL, SAW MILL, BANK, etc		- Chrome myocarolifes to myocardial	
10. Data deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation	degeneration	1935
12. BIRTHPLACE (city or town)	md	Other Contributory Causes of importance:	
(Stata or country)		Semility	unky.
13. NAME	\mathcal{V}		
(State or country)	·	Name of operation Date of	7.
15. MAIDEN NAME Unkn	own	What test confirmed diagnosis?	topsy?_/Lo-
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT (son) 349 billitridge (Address)	any Bultime	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAN	
18. BURIAL, CREMATION, OR REMOVAL Place Daul D. Long. Dat	June 27, 19	Manner of injury	
19. UNDERTAKER Philip Herry (Address) 4669169	ry sins	24. Was disease or injury in any way related to occupation of daceased?	
20. FILED June 26, 9 36 CHa	rey Meer	(Signed) M. Virginia Beyon	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 936	3 days ago
Other contributes of in the			
Other contributory causes of importance:		Other contributory can es of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Terreton Com
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V. S. No. 1

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WITH	fully sur	n plain te	nt. See
WITH 1	refully sur	in plain te	tant. See
T, WITH	carefully sur	rH in plain te	ortant. See
NET, WITH 1	e carefully sur	ATH in plain te	nportant. See
AINET, WITH 1	l be carefully sur	DEATH in plain to	important. See
LAINEY, WITH 1	uld be carefully sur	DEATH in plain te	ry important. See
PLAINEY, WITH 1	hould be carefully sur	OF DEATH in plain te	very important. See
E PLAINEY, WITH	should be carefully sur	E OF DEATH in plain te	is very important. See
HTE PLAINET, WITH	on should be carefully sur	ISE OF DEATH in plain to	N is very important. See
-WRITE PLAINHI, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	TION is very important. See instructions on back of certificate.

infor-state UPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

	losis S	ium	
	Branch		74

1. PLACE OF DEATH		culosis Sanatorium
County Carroll	Colore	ed Branch (43) Registration Dist. No. 74
Village or City Henryton	, Maryland	No. (above) St., Ward
Length ot residence in city or town where		If death occurred in a hospital or institution, give its NAME instead of street and number) s. 40 _ds. How long in U.S. It of toreign birth?mosds.
2. FULL NAME Pearl Eli	ma Washington	If U. S. Veteran, specify WARNone
(a) Residence: No. 14 N. B:	ruce St., Baltim	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female Colored	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) Single	June 8, 1936 (Year) (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of		22. HEREBY CERTIFY, That lattended deceased from May 13, 1936, 19 to June 8, 1936,
6. DATE OF BIRTH (month, day, end year)	Oct., 4, 1915	I last saw her alive on June 8, 1936, 19; death is said to have occurred on the date stated above at 5, 15 P.M.

6. E	DATE OF BIRTH (month, day,	end year) C	ct., 4,	1915	I last saw h er alive on June 8, 1936, 19	; death is sain
7. A	AGE Years	Months 8	0ays	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, et 5 • 15 R.• M • The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
ATION	Trade, profession, or par kind of work done, a SAWYER, BOOKKEEP	SPINNER, T	omestic	43	Pulmonary Tuberculosis	S Date of onset
5	9. Industry or business in work was done, as SI SAW MILL, BANK, et	LK MILL,	Jnknown			Dec. 1935
0	10. Date deceased last work this occupation (mont year)	h and Unkr Kings		me (yeers) It in this Unknow pation Unknow	Dther Coutributory Causes of Importance:	
ER	State or country) 13. NAME	Virgi		ngton		
FATH	14. BIRTHPLACE (city or tow (State or country)	") Kings Virgi			Name of operation Dete of Whet test confirmed diagnosis? Wes there an a	autopsy? NC
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or country)	Mary Kings			23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Oate of injury	

14. BIRTHPLACE (city or town)	Mains of obetation
(State or country) Virginia	Whet test confirmed diegnosis? Wes there an autopsy? No
15. MAIDEN NAME Mary Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Kingsale (State or country) Virginia	Accident, suicide, or homicide?0ate of injury19
(State or country) Virginia	Where did injury occur?
INFORMANT John E. O'Neill, M. D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

17. INFDRMANT John E. O'Neill, M. D. (Address) Henryton, Maryland	Specify whether injury occurred in INDU
(Address) Henryton, Maryland	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury

19. UNDERTAKER	Tra	nee	a 11	emb	ill
(Address)	~~	8 12	n. 1.1	10_0	2-1-2
(Address)		0 100	Made	0	1
. 1 -	1	/ / 40		2	

Registrar. Deputy

If so, specity (Signed).

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I FIVE	DI	Example II	- To the
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 3,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

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-WRITE PLAIN

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See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	MIVIZ	ILAND	CERTIFICATE OF BEATT	11 (51)
			losis Sanatorium	UJU
County Carroll		Colored	Branch 23 Registration Dist. No. 74	
Village or City Henryton, M		CI	NDSt.,St.,Step of death, occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of rasidance in city or town where death		yrs≃mos		ds.
Z. FULL NAIVIE			If U. S. Veteran, specify WAR None	
	(Usual place	of abode)	If nonresident give city or town and Stat	te
PERSONAL AND STATISTICAL			MEDICAL CERTIFICATE OF DEATH	
Mole Colored 8	SINGLE, MARI OR DIVORCEI DINGLE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH June 3, 1936 (Month) (Day))3 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I ettended dec March 22, 1935, to June 3, 1936	aased from
5. DATE OF BIRTH (month, day, and year) Marc	ch 4,	1879	last saw halive on June 3, 1936	aath is said
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date stated above, at 5 • 00 m.A • M •	
57 2	30	or XXX his X	The PRINCIPAL CAUSE OF DEATH and related causes of importanca ware as follows:	
Jrade, profession, or perticular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	aborer		Pulmonary Tuberculosis	ug.,
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc				
O. Date deceased last worked at this occupation (month and year)	11. Total ti	me (yaars) ot in this pation!		
12. BIRTHPLACE (city or town) Brandywir (State or country) Maryland	ne,		Other Contributory Causes of importance:	
13. NAME Levy Waters				
14. BIRTHPLACE (city or town) Port [(State or country) Mary]		0,	Name of operation Date of	No
15. MAIDEN NAME Charlotte			What test confirmed diagnosis?	psyr
16. BIRTHPLACE (city or town) Port (State or country) Marvl	Tobac	co,	Accident, suicide, or homicide? Date of injury	7,19
17. INFORMANT John E. O'Neil (Address) Hanryton,	1, M.	D.	Where did injury occur? (Specify city or town, county and State) Spacify Mathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Place To Charles Cent De	ata Jun	e5,1936	Mannar of injury	
19. UNDERTAKER Well Son	Ine		24. Was disaase or Injury in any way related to occupation of deceased? NO)
20. FILED 6/3/36 19 July Depu	ity Lo	Cell,		2.eM. D.

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Example I			Example II		
The principal cause of importance were a	of death and related causes s follows:	Dale of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUL 3 1936	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

MARGIN RESERVED

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epidepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car A OVINS	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		233 9 160	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

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See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

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PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	1	J	1	J	6.	J

1. PLACE OF DEATH		92-20	
County arusel		Registration Dist. No.	74
Village Dr City Legisles well. Length of residence in city or town where deet	8 0 (If	death occurred in a hospital or institution, give its NAME instead of street and	number)
2 FILL NAME The fling	lesties.	If U. S. Veteran, specify WAR	1011
(a) Residence: No.	a ways	St., Ward. Kederica Kd	1.0
PERSONAL AND STATISTIC	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	1 State
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	,	22. I HEREBY CERTIFY. That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year)	Days 1 1866 1 1 1 1 1 1 1 1 1	to have occurred on the date stated above, at // #	, deeth is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Total time (yeers) spent in this occupation	Chronic Enlo esedeles (Doete Decessio)	Date of onest
12. BIRTHPLACE (city or town) (State or country) (State or country) (State or country) (State or country)	ich Coucely	Other Contributory Causes of importance: Leccental Atlantos Cleverine	1927
14. BIRTHPLACE (city or town) Uce	Busian	Name of operation Date of	
(State or country) Welo	regland	What test confirmed diagnosis? Was there an	autopsy? Mo
15. MAIDEN NAME Acce Company 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	Carpand Mary Land Recardo will III	23. If deeth was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL 1100	Date JUTIE 8. , 1936	Manner of injury	
19. UNDERTAKER Gladill C. (Address) Middle to	D' TI Md,	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED June 5, 19 36 QS4	acy Here Registrar.	(Signed) Maced Ill Caes (Address) Dy Resucle Th	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	xample I			1	Example II	
The principal cause of dea of importance were as follows:	th and related	causes	Date o	fonset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis			19	915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUL 3	1936	19	921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	v. s	June	5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:				Other contributory causes of importance:	
Gallstones			May	1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

N. B.—WRITE PLAI

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly IION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

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6. I

OCCUPATION

12.

MOTHER | FATHER

17. 18.

19.

STATE C	F MARYLAND-	CERTIFICATE OF DEATH				
. PLACE OF DEATH		DEATH 193)				
County Carroll		Registration Dist. No. 196				
Village or City Thoda	12.11.	bt.				
	(ND. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)				
Length of rasidenca In city or town whate	death occurradyrs,mo	sds. How long In U. S. if of foralgn birth?yrsmosds.				
FULL NAME	Hilliam					
(a) Residence: No.	smile	St., Ward.				
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH				
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH				
In C	OR DIVORCED (write the word)	June 11 1936				
If marriad, widowed, or divorced HUSBAND of	ungle	(Month) (Day) (Year)				
HUSBAND of (or) WIFE of		22. 1 HEREBY CERT1FY, That I attanded deceased from				
	Δ	June 11 de 1, 1936 , to June 11 , 1936				
DATE OF BIRTH (month, day, and year)	June 11, 1936	I last saw he sa aliva on				
AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated above, et				
	or_2_a_min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Luglish at kirth from hanny				
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc	lua.					
9 Industry or business In which		coad rapped around such too				
work was dona, as SILK MILL, SAW MILL, BANK, etc	******	It fills				
1D. Date deceased last worked at this occupation (month and	11. Total tima (years) spant in this	all hat her sur chief for I hours				
year)	occupation	Other Contributory Causes of importance:				
BIRTHPLACE (city or town) Mg (Stata or country)		Other Contributory Causes of Importance:				
13. NAME Grannlli	Williams					
14. BIRTHPLACE (city or town)	1	Name of oparation Date of				
(State or country)		What test confirmed diagnosis? Was there an autopsy?				
15. MAIDEN NAME Lactoria	Gailton	23. If death was due to external causes (VIDLENCE) fill in also the following:				
16. BIRTHPLACE (city or town) 201		Accident, suicide, or homicida? Data of injury, 19				
(State or country)		Whare did injury occur?				
INFORMANT Gannille (Addrass)	Williams	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.				
BURIAL, CREMATION, OR REMOVAL		Manner of injury				
Placa Sushy fart	Oate Janu , 1926	Nature of injury				
UNDERTAKER FAMILES &	Sanialo Milli	4. Was disease or injury in any way related to occupation of deceased?				
(Address)	as will	If so, specify P A				
FILEO SMUL / 1986 &	14 Killish	(Signed) M.D.				
	Registrar.	(Address) Clarkerll Md				

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Example I	il	Example II	
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Chronic interstitial nephritis 19 1 1 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 7 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR FURTHER STATE	MENTS BY PHYSICIAN	

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PHYSICIANS should state

stated EXACTLY.

AGE should be

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TION is very important.

Exact statement of OCCUPA-

V. S. No. 1

N. B.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

6094

1	. PLACE OF DEATH	Ma	ryland	ruberev	losis banator	ium		
	County Carroll				pranch (23)		Dist No. 74	
	Village or City Henryt	arylan	ıd.	No			Ward	
	Length of residence In city or tow	n where death	occurred	yrs 6 (If	death occurred in a hospital or insti-	itution, give its NAME f of foreign birth?	instead of street and	number)
:	FULL NAME Wilhe	elmina	willi	ams	If U. S. Veterar	n, specify WAR	None	
	(a) Residence: No. 1104	l iv. S	tricke (Usualplace of	r street	, spaltimane,	maryland.	e (give city or town and	State
	PERSONAL AND STA	ATISTICA	L PARTIC	ULARS	MEDICAL	CERTIFICATE	OF DEATH	
	emale 4. COLOR OR RA	. De		IED, WIDOWED, (write the word)	21. DATE OF DEATH	June 24,	1936	_, 193
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of				22. Dec., 20, 19	Y CERTIFY	Y. That I attended ine 24.	deceased from
6	DATE OF BIRTH (month, day, and yea	sept	1.	1922	l last saw h er alive on	June 24,	1036	; death is said
		onths	Days	If LESS than	to have occurred on the date sta			-, 00011113 3010
	13	9	23	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DE	ATH and related cause	e of importance	1
NO	8. Trade, profession, or particular kind of work done, as SPINI SAWYER, BOOKKEEPER, etc.	NER, DC	holar		were as follows: Pulmonary Tu	berculosi	.S	1935
OCCUPATION	9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc							
220	10. Date deceased last worked at this occupation (month and year)UNKNOWN_		11. Total timespent	e (years) in this OWN				-
12. BIRTHPLACE (city or town) Clemson College, (State or country) South Carolina			Other Contributory Causes of Importance:	-				
ER	13. NAME FOSTER Wil	liams						
FATHER		outh	varoli	na	Name of operation What test confirmed diagnosis?		Oate of	autopsy? No
HER	15. MAIDEN NAME LUCI		illiam		23. If death was due to external c	auses (VIOLENCE) fill	in also the following	2:
15. MAIDEN NAME LUCILLE WILLIAMS 16. BIRTHPLACE (city or town) Ulemson College, (State or country) South Carolina					Accident, suicide, or homicide? Oate of Injury			
17. INFORMANT John E. U'Neill, M. D. (Address) Henryton, Maryland.			te) ACE.					
18.	BURIAL, CREMATION, OR REMOVAL Place ALLS	lend o	ate 6/2	6 1,36	Manner of injury			
19. UNDERTAKER Camer Sander (Address) 14/3 En Torreston				24. Was disease or injury In any If so, specify	way related to occupa	e		
20.	20, FILED 6/24/36, 19 Leputy Local Registrar.				(Signed)(Address)	enryton,		CL . M. D.

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